



ONE-TIME USE CREDIT CARD AUTHORIZATION FORM

801 Hanover Drive, Suite 700, Grapevine, TX 76051 www.AEDuctools.com 1-800-535-3878

Company Name: _____ **Date:** _____

I, _____, authorize Atlantic Engineering (dba Rotobrush International LLC) to charge on my credit card the following:

Amount to be charged: \$ _____ U.S. Dollars

Credit Card Information:

Credit Card: _____ M/C Visa Amex Discover
(please circle one)

Credit Card Number: _____

Expiration Date: _____ / _____ / _____
(month) (day) (year)

Credit Card Bill To Address: _____

City State: _____

Bill To Zip Code: _____

Signature Panel Code: _____
(AMEX 4 Digit on Front of Card DISC MC/VISA 3 Digit on Back of Card)

Cardholders Name: _____
(exactly as it appears on the card)

X _____
(signature of cardholder)

Please Note: All sales are final. No material is to be returned without written permission. All returned goods are subject to a 15% restocking fee. Our responsibility ceases when the goods have been given to the carrier. Credit card will be charged, purchase may not be shipped same day. All equipment charges are non refundable.

For office use only:	
Customer #: _____	Order #: _____
Approval Code: _____	Batch: _____